LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

2 LOBBYISTS (Sec. 67-6619) Page___ of ___Page(s) THIS SPACE FOR OFFICE USE ONLY

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CRETARY OF STATE STATE OF IDAHO

		learly in black ink) at bottom of page					0 17 (1 12						
Lobbyis	's name and permanent busine		· · · · · · · · · · · · · · · · · · ·		Dat	te pre	pared		чт	Period co	vered		
Micron Technology, Inc.										year ending			
	S. Federal Way, MS , Idaho 83716			Jan. 30, 2006				(Mo.) 12	(Day)	(Yr.) 2005			
Item Totals of all reportable expenditures made or				a in a sum of the Labberia									
1 Car		T and a made of										yer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity * Total Amount for			Item 3, at	unts contributed by each employer (Identify of page.)				entity en	employers, under				
	Not Have to be Reported	All Employers	Employer No.		l Employer No. 2		nployer No. 2	Employer No. 3		o. 3	Employer No. 4		
Entertainment Food and Refreshment		\$4,333.38	\$\$,			8		\$			\$		
Living Accommodations						_							
Advertising					_	_							
Travel								l					
Telepho	one					_							
Other I	Expenses or Services	4,248.85	4,248.85			_		l		_			
	Total	\$8,582.23	\$8,582.23			\$_	0.00	\$	0	.00	\$	0.00	
*1	When the number of employers									ould be en	tered on Pa	ge 1.	
Item	The totals of each expend		dollars (\$5			tor c							
	Date	Place		An	nount	\dashv	Names o	t Legisl	ators & Pi	iblic Offic	ials in Grou	<u>пр</u>	
Continued on attached page(s)							Item F-1 (2)			Name(a) and Address(as)			
INSTRUCTIONS							Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.						No.1 Micron Technology, Inc. 8000 S. Federal Way, MS 1-407, Boise, Idaho							
Filing deadline: Annual report is due on January 31st.						No.2							
TO BE FILED WITH:													
Ben Ysursa Secretary of State PO Box 83720						No.3							
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No.4						

Item 4			ditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible al property to any Legislator, or for or on behalf of any legislator.											
	Date		Amount		Name of Legislator Receiving or Benefited									
ltem 5				tion, the number of the Senate		LEGISLATIVE SUB	JECT	IDENTIFICATION						
3	the L	obbyist w	as supporting or o	pposing.	Cod	e Subject	Code	Subject						
(from 11	table)		solution or Other ive Ident, Number	Appropriation Bill Number and Section Number	01 02 03 04	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth,	17 18 19 20	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance)						
08					05 06	senior citizens Church and religion Consumer affairs	21 22	Labor, salaries and wages, collective bargaining Law enforcement, courts,						
					07.	Ecology, environment, pollution, conservation, zoning, land and water use	23 24	judges, crimes, prisons License, permits Liquor						
					08 09	Education Elections, campaigns, voting,	25	Manufacturing, distribution and services						
					10	political parties Equal rights, civil rights, minority affairs Government, financing,	26 27	Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation						
					12	taxation, revenue, budget, appropriations, bids, fees, funds	28	Social insurance, unemployment insurance, public assistance, workmen's compensation						
					13 14 15	Government, federal Government, municipal	29 30	Transportation, highways, streets and roads						
					16	Government, special districts Government, state		Utilities, communications, televisions, radio, newspaper, power, CATV, gas						
				REPRE	RI STATE OF THE PARTY OF THE PA	Employer No. 2 signature		Other (please specify)						
				s above is a true, complete and in 67-6624 Idaho Code.		Employer No. 3 signature		Date						
						Employer No. 4 signature		Date						